

Membership is subject to Board approval and is limited to a first come basis.

**Please Indicate with Initial's
which type of membership you
would like to purchase.**
Stockholder _____
Summer Member _____

OFFICIAL USE ONLY	
_____	Card in File
_____	New
_____	Payment Amount
_____	Date Received
_____	Cash/Check # _____

JEFFERSON TERRACE AQUATIC CLUB, INC.
10183 E. Inniswold Road
Baton Rouge, LA 70809

MEMBERSHIP APPLICATION

Last Name _____ First Name _____

Spouse's Name _____

Address _____ Neighborhood _____

Zip Code _____ Home Phone Number () _____

Email Address _____ Cell Phone Number () _____

Place of Employment _____ Work Phone Number () _____

Emergency Contact _____ Phone Number () _____

Relationship _____

Names and dates of birth of dependent children residing with me who will be entitled to club privileges are:

1) _____ DOB ____ / ____ / ____

2) _____ DOB ____ / ____ / ____

3) _____ DOB ____ / ____ / ____

4) _____ DOB ____ / ____ / ____

Sponsor _____

(Must be a Stockholder)

Signature _____ Date _____

Member Chair _____ Date _____